

ACGME Program Requirements for Graduate Medical Education in Child Abuse Pediatrics

Effective: February 6, 2010

Note: In addition to complying with the following requirements, programs must also comply with the Program Requirements for Graduate Medical Education in the Subspecialties of Pediatrics.

VIII. Introduction

VIII.A. Scope of Educational Experience

VIII.A.1. Child abuse pediatrics is a subspecialty of pediatrics that educates physicians to diagnose and treat child abuse and neglect, collaborate with community agencies on child abuse prevention, provide expertise in courts of law, and participate on multidisciplinary teams investigating and managing child abuse cases.

VIII.A.2. The goal of education in this subspecialty is to prepare a physician to diagnose and manage acute and chronic manifestations of child abuse, demonstrate competence in teaching, design and conduct research in child abuse, act as a competent physician in a multidisciplinary field, and become familiar with administrative, legislative, and policy issues in child abuse.

VIII.A.3. The educational program in child abuse pediatrics must be 36 months in length.

IX. Program Personnel and Resources

IX.A. Faculty

IX.A.1. There must be at least two core faculty members who are Board certified in child abuse pediatrics (to include the program director) and who devote sufficient time to the educational program for ongoing teaching and supervision of fellows.

IX.A.2. Physician faculty in the following areas should be available to the program for consultation and fellow education: child and adolescent psychiatry, forensic pathology, child neurology, pediatric radiology, neuroradiology, ophthalmology, orthopaedic surgery, pediatric surgery, trauma surgery, and neurosurgery.

IX.B. Other Program Personnel

There must be a multidisciplinary model for evaluation of child abuse that includes physician faculty and qualified professionals from the fields of law, dentistry, nursing, social work, psychology, and law enforcement.

IX.C. Facilities and Resources

There must be outpatient facilities for child abuse assessments and related services.

IX.C.1. These must include resources that allow photodocumentation of physical exams, including digital photography, resources for colposcopy, as well as resources that provide the multidisciplinary team the opportunity to observe forensic interviews (including two-way mirrors, video recorded interviews, and closed-circuit television).

X. Educational Program

X.A. ACGME Competencies

X.A.1. Patient Care

X.A.1.a) Fellows must demonstrate competence in recognizing and managing all forms of child abuse, including physical abuse, sexual abuse, neglect, and emotional/psychological abuse.

X.A.1.b) Fellows must demonstrate proficiency in:

X.A.1.b).(1) providing care for patients who exhibit a broad range of manifestations associated with each type of child abuse;

X.A.1.b).(2) the use of appropriate techniques for examining, evaluating, and managing anogenital trauma, acute and chronic sexual abuse, sexually transmitted infections;

X.A.1.b).(2).(a) This must include prepubertal and pubertal pelvic exams, and sexual abuse/rape protocols.

X.A.1.b).(3) diagnosing and managing child neglect, including medical, supervisory, and physical neglect;

X.A.1.b).(4) managing prenatal and perinatal child abuse, and Munchausen Syndrome by Proxy (also known as Medical Child Abuse);

X.A.1.b).(5) interpreting and using results from child abuse-related laboratory studies, diagnostic tests, imaging modalities (including x-rays, CT scans, and MRI's), and subspecialty examinations (including ophthalmologic examinations);

X.A.1.b).(6) using the results of sudden unexpected deaths in children using autopsy, death scene investigation, medical history review, and interagency case reviews;

X.A.1.b).(7) child abuse examination skills, including:

- X.A.1.b).(7).(a) using digital photodocumentation systems for image capture and secure storage;
- X.A.1.b).(7).(b) using magnification systems including a colposcope (still and video);
- X.A.1.b).(7).(c) documenting injury; and
- X.A.1.b).(7).(d) collecting evidence and cultures, and maintaining the chain of custody for evidence.
- X.A.1.b).(8) applying treatment approaches that incorporate both medical and mental health therapies in the context of the family.

X.A.2. Medical Knowledge

Fellows must demonstrate proficiency in their knowledge of:

- X.A.2.a) epidemiology of childhood injuries, including risk factors for child abuse/neglect, family violence, and the biomechanics of injury;
- X.A.2.b) principles of child abuse, partner abuse, psychological abuse, injury prevention, and factors leading to domestic and interpersonal violence;
- X.A.2.c) typical and atypical child behavior and development as it pertains to child abuse;
- X.A.2.d) behavioral and developmental anatomy and pathophysiology of organ systems as they relate to child abuse, including sexual development and anogenital anatomy;
- X.A.2.e) forensic pathology;
- X.A.2.f) principles of toxicology;
- X.A.2.g) the elements and functions of community and social services; standards and procedures of child protective services; cultural aspects of child abuse; child welfare services; foster care; home visitation; reunification; mental health services; and child death review teams;
- X.A.2.h) laws and legal procedures related to child abuse, including:
 - X.A.2.h).(1) mandatory reporting;
 - X.A.2.h).(2) forensic investigation;
 - X.A.2.h).(3) the role of law enforcement;

- X.A.2.h).(4) expert witnesses;
- X.A.2.h).(5) civil and criminal justice system;
- X.A.2.h).(6) ethical issues in expert testimony;
- X.A.2.h).(7) child witnesses; courtroom procedures;
- X.A.2.h).(8) local and national child abuse statutes;
- X.A.2.h).(9) legal definitions of abuse; and
- X.A.2.h).(10) standards of evidence, and legal implications of organ donation in fatal maltreatment cases.

- X.A.2.i) child abuse prevention;
- X.A.2.j) current local and national legislation, funding options for child abuse programs, and public testimony related to child abuse legislation; and
- X.A.2.k) the role of the family in prevention, perpetuation, and reunification, with regard to the assessment and management of child abuse.

- X.A.3. Interpersonal and Communication Skills
 Fellows must demonstrate proficiency in:
 - X.A.3.a) medical interviews of victims, suspected perpetrators, and non-offending family members;
 - X.A.3.b) providing expert direct medical testimony, including clearly written and understandable media presentations and depositions; and
 - X.A.3.c) communicating with non-medical professionals responding to child maltreatment.

- X.A.4. Professionalism
 Fellows must demonstrate:
 - X.A.4.a) a non-judgmental and objective approach to child abuse detection and treatment;
 - X.A.4.b) ethical behavior in interactions with the media, including protecting patient rights and maintaining patient confidentiality; and
 - X.A.4.c) strategies to foster personal emotional wellness including debriefing, collegial support and other techniques and resources.

X.A.5. Systems-based Practice

Fellows must demonstrate proficiency in:

- X.A.5.a) using community and social services and a multidisciplinary approach to patients, to include foster care, reunification, home visitation services, mental health services, and child protection;
- X.A.5.b) advocating for local and national legislation and funding affecting victims of child abuse and their families; and
- X.A.5.c) developing and disseminating strategies to prevent child abuse.

X.B. Fellow Experiences

Fellow experiences must include:

- X.B.1. participating in multidisciplinary teams to evaluate child abuse;
- X.B.2. participating in local or regional multidisciplinary child protection teams and child fatality review teams; and
- X.B.3. participating in court as either the physician of record or as an expert witness.

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